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IMPROVED PERSONALISATION IN HOUSING WITH CARE FOR OLDER PEOPLE?

CONCLUSIONS FROM FEEDBACK TO DISCUSSION DOCUMENT

INTRODUCTION

As local authorities seek to implement personal budgets as well as minimise spending, the way in which care is being commissioned in Extra Care Housing for older people appears to be changing. This in turn appears to be changing the nature of the service provision and outcomes for residents.

At the beginning of the year the Housing Learning and Improvement Network (LIN) published the following discussion document which set out the apparent picture, and sought feedback on a number of questions.
http://www.housinglin.org.uk/Topics/type/resource/?cid=8830&msg=0
We received responses from 24 people: local authority commissioners (7 including 1 link social worker); providers of housing and care (5); housing providers (5); domiciliary care agencies (1); independent consultants (3); researchers (2); and one collated group response from a Housing LIN regional meeting. This feedback was not extensive enough to give a totally reliable and comprehensive overview of the picture, but has helped to confirm, alter or refine the original impressions. In this paper, I outline the conclusions I have been able to draw from the feedback.

COMMISSIONING APPROACH

Original impression

There seems to be a trend away from block contracts for 24/7 care, which provide packages of planned care to individuals as well as providing unplanned care in response to emergencies and fluctuations in need. A "core and add-on" approach seems to be replacing the large block contract approach. In this model, planned care is funded on an individual basis via personal budgets from either the on-site or an off-site provider; a much smaller core element, which just ensures 24/7 or night-time cover, is commissioned separately or provided at the provider's own risk. We asked:

What approach, in your experience, is being used to commission care in older person's Housing with Care, e.g. all-inclusive block contract, "core and add-on", or something else?
Is the core and add-on approach becoming the norm?

Conclusions from feedback

Although there seem to be a not insignificant number of authorities who still commission all the on-site care using full block contracts, the feedback confirms the impression that there is a definite trend away from large block contracts towards approaches which incorporate personal budgets. Some are still thinking about how best to do it, and others are already doing it.

Variations on the core and-add-on approach do appear to be becoming the norm. There were also several separate reports of schemes being developed on a purely spot-purchased basis with no 24/7 cover being provided.

A number of benefits of the core and add-on model were highlighted.

- It can be fairer because in most core and add-on variations those who are not in receipt of care funded by the local authority share the cost with those who are. In many block contract models, self-funders benefited from the availability of 24/7 care without contributing to the cost.
- A housing and care provider who was previously very committed to a block contract model in bands said she preferred the core and add-on because of the transparency and clarity of entitlement, and not robbing Peter to pay Paul – the flip-side of flexibility.
- It enables greater transparency – so long as the different charges and what they cover - including their limits - are clearly explained, though this does not always seem to take place.

- There may be less "wastage". However what may be described as wastage if non-planned care time is not used constructively may also be seen as the slack in the system that allows for a more flexible, responsive and wellbeing-focused service, as well as improved quality if that time incorporates training, supervision etc.

Where there is no "core" at all, there are significant problems, and the consensus amongst those who responded was that without 24/7 cover, the benefits of housing with care are lost.

"…In the meantime there have – as you may imagine – been various significant safeguarding concerns with individuals, especially those with unpredictable needs around toileting, dementia, falling and getting stuck, transferring etc, as the only flex outside of scheduled care slots is from pure goodwill." (Independent consultant and researcher)

FLEXIBILITY OF BLOCK CONTRACTS

Original Impression

Block contracts enabled the care service to be flexible and responsive and able to respond to unpredictable needs, something which is the essence of the benefit of HWC over domiciliary care in the wider community. We asked:

Was flexible and responsive care and support in HWC in the days of yore [under a block contract approach] reality or illusion?

Conclusion from feedback

The answer to this question is very clearly: It depends. Some were. Some were not.

It depends on how the service was specified and commissioned, how generous the contract was, and how effectively it was implemented. Where there were separate housing, care and support providers on site, it also depended on how effectively they worked together, and what systems and protocols were in place to facilitate this.

"Some block specifications appear to be so prescriptive that the service is absolutely not flexible and responsive. We have block contracts in high needs schemes with only sleeping night cover and have examples of residents being put to bed early and not administered to in the night for things like toileting etc as this is a saving against planned night care. Despite being a block contract, the individuals care plans can be so rigid that they dictate the time allotted to the person rather than responses being based on need." (Housing provider 1)

Even within block contracts some feedback suggested a general tightening up of service provision.
"Some schemes are able to be flexible – one in particular is able to vary the hours of care provided to meet someone's changing needs at least temporarily (so they can, for example, at least for a short time, increase the care provided without the need for a full reassessment). I've found it particularly helpful with a service user who finds it difficult to engage with care staff meaning that some days they are unable to do anything, other days can spend several hours with him. Other schemes are much stricter about adhering to a Care Plan which specifies the amount of care and the tasks to be undertaken. Over time I feel some schemes have become more strict about this – expressing concerns that some tenants have moved in effectively expecting a 24 hour 'on-call' service which they simply do not have the resources to provide. (One of the schemes does not have night staff at all)" (LA practitioner)

The issue of creating unrealistic expectations was raised by others and one commissioner asked:
"Do we unwittingly promote that in our PR?" (LA Commissioner 1)

A couple of responses included the suggestion that the ECH service itself and expectations needed to be "toned down" in order to ensure ongoing viability and "value for money". This makes sense to a degree, but not to the point that the key benefits of HWC over domiciliary care in the wider community are lost, resulting in more people going into care homes.

As a model, block contracting probably intrinsically allows a more seamless, flexible and responsive service than a core and add-on model, but in neither case is the model itself decisive. Both models can be rigid and fragmented or flexible and responsive, although the core and add-on model perhaps requires more determination.

The feedback made clear the critical role of commissioners and effective, collaborative scheme preparation/commissioning in this, irrespective of the model, budgetary constraints and other limiting factors. Examples were given where commissioners had little understanding of the model of ECH, did not work with the housing provider to commission the scheme, and in one case were even unwilling to give the care provider details of care plans before the scheme opened to enable the recruitment of the correct level of staff.

"[The development of HWC is]becoming much more commissioning-led, and many [commissioners] do not understand the importance of commissioning the services and partnership arrangements as well as the bricks and mortar. Good providers and commissioners will work together to try and build in flexibility which then has to be translated into working practices." (Housing provider 2)

BOUNDARIES

Original impression

A new potential "boundary" dilemma between planned care and the core (wellbeing/ emergency /floating provision) seems to have resulted. We asked:

Are boundaries becoming more rather than less rigid?

Conclusion from feedback

More silo working does seem to be an issue, but it is not only the result of the core and add-on commissioning approach. Tightening budgets and reduced funding appear to be important contributors to this as funders are more prescriptive about what the money is to be spent on and, more than ever, seek evidence of value for money which may be difficult to quantify. With less money, providers can do less, so seek to stick more rigidly to what is irrefutably within their remit and avoid "grey areas".

It has always been the case that the more parties there are involved, the greater the potential for boundary issues, and that effective joint working is fundamental to effective housing with care schemes. It has also always been the case that having a single organisation providing all services is no guarantee of cohesion. The core and add-on model introduces the possibility of more providers on site. The option to choose an off-site provider to deliver care and support definitely creates additional interface issues where there are a number of off-site providers.

The impression was confirmed that residents tend to see the advantages of using the on-site provider, so tend to gravitate in that direction. However, where they do not and there are several providers delivering support plans, there was some evidence of the additional challenges created.

"Managing the relationships between the carers employed by different providers working under one roof has been quite challenging at times. When all the parties involved work together, it can work quite well, but it needs a lot of effort and good communication." (Housing provider 3)

A number of respondents raised the issue of who responds to unplanned needs in this scenario. If there is a charge for the core 24/7 service this question is easier to answer, although the limits need to be clearly defined. If there is no wellbeing charge, on-site staff are still likely to respond but this is arguably not fair and resentments can build up.

Irrespective of the model, where there are different dedicated providers at the scheme (housing care etc), sufficient lead-in time should be allowed before the service needs to be delivered to allow providers to get to know one another and agree arrangements at the interface between services. This appears not always to be the case. In addition the fees paid to providers may not cover non-contact costs – meetings, training etc.

One commissioner raised a really important point. In their authority, in order to ensure exempt accommodation status, the housing provider is responsible for commissioning the care. The provider is also responsible for pointing out to occupants that if they choose to opt out of the on-site care service, they could lose their exempt accommodation status and therefore not receive full housing benefit. This may not apply if the core service is subject to a compulsory charge as a condition of occupancy, and only the planned care was opted out of, as long as the core element is in Turnbull's words, "more than minimal".

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FLEXIBILITY, RESPONSIVENESS AND UNPREDICTABLE NEEDS

Original Impression

Care and support delivery in HWC schemes seem to be becoming less flexible and responsive. Residents with unpredictable needs, such as those with dementia or anxiety, are more likely to lose out. We asked:

Is the care and support in HWC for older people becoming less flexible and responsive?

Conclusion from feedback

The feedback generally endorsed this impression, especially in the context of catering for those with unpredictable needs.

"Yes this is where the new model is weak (but strong on the typical frail elderly package of prescribed tasks and visits) and why it struggles with dementia....The core is skeletal. One solution might be for us as commissioners to specify an enhanced core service with more floating support and justify that under the health and wellbeing agenda." (LA Commissioner 1)

An inability to respond to unpredicted needs applies not only to emergencies but also to little but important things such as "help to put a plaster on or eye drops in to wanting to visit a neighbour because it is their birthday. This is a recurring challenge within many models and one which can have a big impact on the quality of life of those with high support needs." (Independent consultant and researcher)

A significant part of the problem relates to the size or generosity of the core. One experienced care and support provider which has always favoured a core and add-on model appears to manage a balance between providing a predictable planned service and a responsive one: "As you say many residents like a set time visit for a set duration. In good HWC schemes which are adequately staffed flexibility can be built in from day to day, so for example if an individual chooses to have a lie in on a particular morning we can accommodate a later visit. I feel supporting people with unpredicted needs should fall under both planned care and core provision...." (Housing and care provider 1)

Another factor affecting the flexibility and responsiveness of the service is the way in which the care is commissioned at an individual level. Particularly where it might be predicted that someone's needs do not fit neatly into pre-arranged time and task slots, but also in the spirit of genuine personalisation generally, care plans should be written in such a way that the needs, outcomes and available budget are specified, but how and when the service is delivered should be left flexible. (See next section.)

The key to providing support to people with dementia successfully "is a partnership approach between the council, the provider and residents, with the aim of moving away from a time and task model to one where a flexible approach based on outcomes identified in the assessment are met via a person-centred and personalised support plan." (LA commissioner 2)

Something which aids flexibility and responsiveness is having a strong local presence as a care provider, and being able to call on staff who deliver services in the wider community.

It seems fair to conclude from the responses that the core and add-on model offers more than standard domiciliary care, but the challenge to deliver a flexible service that can respond effectively to variable needs requires attention in the model.

PERSONALISED SUPPORT

Original Impression

The care and support plans appear no more life-enhancing, holistic, imaginative or outcome-based than they were before the advent of personalisation, while supplementary services may also have been reduced. We asked:

Are care and support plans any more personalised and imaginative with the advent of "personalisation"?

Conclusions from feedback

There was general agreement about this. Care and support plans tend to cover the day-to-day living essentials with only a few examples of time/money being allowed for support to enhance quality of life, such as supporting a resident to get to an activity. Care and support plans tend to be rigidly defined in terms of time and task rather than specifying the amount available, and outcomes to be achieved, and leaving it to individual and provider to agree between them how best to use the money. The particular commissioning model doesn't seem to have any effect on this one way or another.

There were also examples of good practice. An example was given of one local authority which is handing over the responsibility for developing the care plan to the provider to undertake with the service user. In another the authority offers a specific HWC enablement service for person centred planning. It involves more input from OT and social worker in partnership with the housing provider to support the service user in defining their own outcomes and means to addressing them.

"We keep emphasising the need for person centred planning. Our enablement process has helped"
(LA commissioner 3)

Variability depending on the particular practitioner also seems to be significant, with some much more willing to look at a situation holistically than others. The domiciliary care provider made the case for a single link social worker to ensure consistency, and one of the commissioners suggested that assessments and support plans should not be restricted to services paid for by the local authority.

It was also clear from some of the feedback, as well as recent research, that these issues are not unique to the HWC setting, but apply equally to supporting older people in general needs/mainstream and sheltered housing settings.

"In general, care in extra-care housing has suffered from the same restriction as care provided elsewhere – every single task has to be specified in detail and costed almost by the minute (that's possibly a bit of an exaggeration but not much)... Standard domiciliary care (now provided almost entirely by private agencies) is still very much constrained by detailed, task focused care plans and despite the rhetoric of personal budgets shows very little sign of changing." (Practitioner)

"This is very much a personal view – but I don't think insisting on ideological grounds that people have to have a personal budget is necessarily the best way of ensuring they get an effective personalised service. The components of a good personalised service – flexibility, giving service users more choice and control over what care they get, when and how they get it, variation in service to accommodate changing needs or simply wanting to do something differently – and having a working relationship with service users such that these things can be addressed - are much better achieved with carers who are not constrained by set timetables and paid by the minute, and whom service users have an opportunity to get to know." (Practitioner)

CHOICE AND CONTROL – PERSONAL BUDGET DEPLOYMENT MECHANISMS

Original Impression

Choice of Personal Budget deployment mechanisms is not always made available, and residents may even be unaware that they notionally have a personal budget, so the opportunities for genuine choice and control over their support plan seem limited. We asked:

Do residents have greater choice and control as a result of PBs?

Conclusions from feedback

The feedback generally endorsed the impressions in the discussion document: most personal budgets are managed budgets. There was a sense of little effort going into explaining the difference between the previous arrangement, managed personal budgets and direct payments.

There was very little evidence of Individual Service Funds being an option, even where one provider specifically asked to be able to develop that offer. The domiciliary care provider described how they were not given the opportunity to go down this route despite it being in the original service specification. One local authority commissioner mentioned planning to introduce ISFs in the future when they move to a more distinct core and add-on approach.

For the most part, feedback suggested that the introduction of personal budgets was a tick-box exercise rather than genuinely enabling greater choice and control, but as with the coverage of care plans explored earlier, this situation seems to apply generally to older people's services, not specifically to housing with care settings.

WORKFORCE ISSUES

Original impressions

Reduced predictability triggers a number of workforce challenges which seem to result in less staff continuity. We asked:

Is it proving more difficult to recruit and retain staff in order to provide continuity?

Conclusions from feedback

The challenge seems to be in building up the workforce to match the level of demand without knowing what the demand will be and how it will grow. Because there is less predictability and sometimes a lower hourly payment, key quality elements such as staff training seem to be sacrificed in some core and add-on schemes. However, recruiting to HWC is reported to be less of a challenge than domiciliary care in the wider community, because staff are located in one place and do not have travelling time and costs which they are expected to cover themselves. Nil hour contracts seem to be common across the domiciliary care industry. This supports flexibility to bring staff in as needed, and is better than using agency staff, but is said to have a negative effect on staff morale and may mean there is not a consistent team of staff.

REASONS BEHIND THE TRENDS

While the original paper recognised the contribution of much reduced local authority budgets and the demise or reduction of Supporting People funding, it attributed most of the change in service delivery and outcomes to the introduction of personal budgets. Feedback has led to the conclusion that while personal budgets have been the driver for the change in the commissioning approach, tight budgets are more likely to account for the absence of improvement in genuine personalisation. With fewer financial resources in the system, personal budgets appear to be set at a level which really only covers the essentials and makes no allowance for support to enhance quality of life; and where Supporting People may have stepped into the breach, this contribution is either completely absent or much reduced. Resourcing issues may also be at the root of inadequacies in the support planning process. Whatever the causes, much work is needed to retain and maximise the potential benefits of housing with care for older people.

SUMMARY OF CONCLUSIONS

Issues

1. The original observations in the discussion document were broadly confirmed, but financial constraints rather than the introduction of personal budgets appear largely responsible for many of the effects identified
2. The picture across different local authority areas varies considerably
3. There is a trend away from all encompassing block contracts
4. Block contracts can make it easier to provide a good quality, flexible and responsive service but it is not sufficient in itself, and there appear to be many cases where this does not apply
5. Personal budgets are driving changes in the commissioning approach, and variations on the core and add-on approach seem to be the ones in the ascendancy
6. A core and add-on approach makes it more difficult but not impossible to provide a cohesive, responsive and flexible service
7. Under current circumstances, those whose needs do not fit neatly into fixed time slots appear to be losing out in HWC

8. Care and support plans generally only cover the essentials and are not imaginative and innovative, but this applies equally in the wider community
9. Care plans are generally still rigid, time- and task-based
10. Despite personal budgets there is little evidence of HWC residents consistently having greater choice and control in any meaningful way although there are examples of good practice
11. The core and add-on approach does create workforce challenges, particularly while building up to full capacity, but recruiting to HWC is still easier than to standard domiciliary care

Rising to the challenge

1) There needs to be a core service providing round-the-clock cover and it shouldn't be too skeletal, nor overly generous
2) Feedback reinforced findings from elsewhere on the importance of:
   - Making it clear what the scheme does and does not do
   - Explaining the charges very clearly, including what each does and does not cover
3) A good understanding of HWC, effective commissioning, and partnership working are fundamental from the outset, both when developing and then operating schemes
4) A more holistic, outcome based approach to assessment and support planning is needed, with a range of personal budget deployment mechanisms and more attention paid to explaining the options
5) A reasonable lead-in time should be allowed to enable staff recruitment and planning inter-agency arrangements at the interface

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24th September 2013

Note:
The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network (LIN).

The Housing LIN will be refreshing its Technical Brief, Care and Support in Extra Care in 2014. We are grateful for comments received from the discussion document issued earlier this year. Copies can be downloaded at http://www.housinglin.org.uk/Topics/type/resource/?cid=8830&msg=0